

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 0692205 FILING DATE 10-27-05
 APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5	/					
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46		4				
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50						
TOTAL IND.	12					
TOTAL DEP.	37					
TOTAL CLAIMS	49					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						